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**FAX COVER SHEET**

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TO: Assistant Commissioner for Patents  
Attention: Examiner Hirshfeld

FAX#: (703) 308-7722

PHONE #: (703) 305-6619

DATE: September 27, 2000

Total Faxed Page(s): 7

FROM: Gary M. Anderson, Esq.

Client I.D.\Docket #

KINGP.55031

Ser. No. 9/595,151

Extension:

ORIGINALS WILL FOLLOW BY MAIL:

YES

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NO

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MESSAGE:

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Practitioner's Docket No. KINGP.55031

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Judy G. SHANNON, et al.  
Application No.: 09/595,515  
Filed: 06/15/2000  
For: BOOKMARK

Group No.: 2859  
Examiner: A. Hirshfeld

Assistant Commissioner for Patents  
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is a Second Preliminary Amendment for this application.

## STATUS

2. Applicant is a small entity.

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CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

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## FACSIMILE

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SignatureGary M. Anderson

(type or print name of person certifying)

(Amendment Transmittal--page 1 of 2)

**FEE FOR CLAIMS**

3. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	19	Minus	20	= 0	x \$9 =	\$0
Indep.	6	Minus	4	= 2	x \$39 =	\$78.00
First Presentation of Multiple Dependent Claim					+ \$260 =	\$0
					Total Addit. Fee	<u>\$78.00</u>

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".  
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

The additional fee for claims is \$78.00.

**FEE PAYMENT**

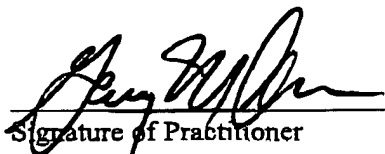
4. Please charge our deposit account number 21-0800 for the \$78.00 additional claim fee.

**FEE DEFICIENCY**

5. If any additional extension and/or fee is required, charge Account No. 21-0800.  
 If any additional fee for claims is required, charge Account No. 21-0800.

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 Signature of Practitioner  
 Gary M. Anderson  
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